

ALCOHOL AND DRUG ABUSE PREVENTION AND CONTROL PROGRAM (ADAPCP) ENROLLMENT

For use of this form, see AR 40-66; the proponent agency is OTSG

The person named below is being referred to the ADAPCP for a comprehensive assessment to determine whether or not the individual meets the criteria for enrollment.

1. Name *(Last, First, MI)*. 2. Rank/Grade. 3. SSN. 4. DOB. 5. Yrs Act/Fed Svc.

6. Is Servicemember/Employee expected to depart installation within 90 days?

☐ YES ☐ NO

7. Is Servicemember/Employee on flying status?

☐ YES ☐ NO

8. Is Servicemember/Employee involved in Personnel Reliability Program?

☐ YES ☐ NO

9. Type of Referral: Biochemical *(Type Drug)* _____ Self _____ Command _____ Supervisor _____
Investigation/Apprehension _____ Medical _____ Other _____

10. Record of Civilian Arrests/Convictions, Courts Martial, Company Punishments, and Disciplinary Problems, including those Pending: *(Specific dates and offenses)*

11. Performance: *(Give specifics of fair or unsatisfactory ratings)*

Performance/ Efficiency: Excellent _____ Good _____ Fair _____ Unsatisfactory _____
Behavioral/ Conduct: Excellent _____ Good _____ Fair _____ Unsatisfactory _____

12. Reasons for Referral: *(Check appropriate spaces)*

a. Physical Signs

_____ Flushed Face

_____ Nervousness

_____ Red or Bleary Eyes

_____ Hand Tremors

_____ Hangovers on the Job

_____ Minor Illnesses

_____ Minor Injuries

_____ Unexcused Absences

_____ Other _____

b. Personality Changes

_____ Irritability

_____ Increased Defensiveness

_____ Increased Use of Excuses

_____ Intolerant of Co-workers or Subordinates

c. Other Behavioral Indicators

_____ Decreased Quality of Work

_____ Sporadic Work

_____ Mood Changes after Lunch

_____ Drinking Before Lunch

_____ Drinking During the Day

_____ Drinking After Lunch

_____ Drinking During Duty

_____ Longer Lunch Hours

_____ Absenteeism

_____ Improper Use of Drugs

_____ Unusual Excuses for Absences

_____ Avoidance of Supervisor or associates

d. Behavioral changes needed for soldier/employee to become effective/functioning in until: _____

13. PATIENT IDENTIFICATION *(For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility):*

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